



Customer Number
(for office use only)



**Hobo Inc. / Chemquest Inc.**  
 21205 Eaton Ave.  
 Farmington, MN 55024  
 (952) 985-9993 ♦ (800) 969-4626  
 (651) 333-9036 fax

**CREDIT APPLICATION**

Company Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
(city)
(state)
(zip)
 \_\_\_\_\_  
 (county)

Shipping Address: \_\_\_\_\_  
(city)
(state)
(zip)
 \_\_\_\_\_  
 (phone number) (county)

Date Business Started: \_\_\_\_\_ State of Incorporation: \_\_\_\_\_

Tax Exemption Number: \_\_\_\_\_ Federal Tax ID Number: \_\_\_\_\_

*\*\*\*\*If you are tax exempt, please include certification with this application\*\*\*\**

Type of Business:     Corporation     Distributor     OEM     Partnership     Proprietorship     Other

List Officers, Partners or Owners:

<u>Name</u>	<u>Title / E-Mail</u>	<u>Social Security Number</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Accounts Payable Contact: \_\_\_\_\_ E-Mail: \_\_\_\_\_

<u>Name of Bank</u>	<u>Address</u>	<u>Account Number</u>	<u>Officer</u>
_____	_____	_____	_____
_____	_____	_____	_____

<u>Trade Reference Name</u>	<u>Address</u>	<u>Phone</u>	<u>Account Number</u>
1. _____	_____	_____	_____
E-Mail _____		fax _____	
2. _____	_____	_____	_____
E-Mail _____		fax _____	
3. _____	_____	_____	_____
E-Mail _____		fax _____	
4. _____	_____	_____	_____
E-Mail _____		fax _____	

It is agreed that if my credit is extended, this account will be paid in accordance with stated regular terms of sale. I agree that failure to comply with your regular payment terms, or if any check should be returned N.S.F., this account will automatically be placed on a **“bank transfer in advance”** basis, and any credit limit established will be withdrawn.

The undersigned hereby agrees to the above terms and conditions of sale and certifies that the information submitted is true and correct. The information furnished is a true and accurate statement of the financial condition of the company as of the undersigned date.

Authorized Signature: \_\_\_\_\_  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_

**Credit Manager:**

I hereby authorize you to release information about my account standing, credit line, and payment history to HOBO Inc. to be used explicitly for the establishment of an open account and credit line. This information is to be kept within the strictest confidence.

Signed: \_\_\_\_\_ Company: \_\_\_\_\_